IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited Checked Computer

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

| Anamosa State Penitentiary | | ~ |
|---|---|-----------------|
| | Anamosa, Iowa 52205 | |
| Mailing Address City | City, State, Zip Code | |
| Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | | မ |
| Sheryl Perrin | | |
| Name | | |
| Malling Address (if different from above) | | |
| sheryLperrin@iowa.gov | City, State, Zip (if different from above) | Ë |
| Email Address | Area Code & Telephone Number (if different from | ahove) |
| ONOR OF CITY OF PROVIDEN | | |
| ONOR OF GIFT OR BEQUEST: | | |
| Various Inmates | | |
| Name | | |
| 406 N. High St. Anamosa, Iowa 52205 | | |
| Mailing Address City, State, Zip Code | 7/25/12 \$987.5 | 50 |
| | 307.5 | nt/Value* |
| Area Code & Telephone Number | | |
| | *value is defined as "fair market value" of item as a receiving department or office. If no value mark "0 | letermined by |
| mail Address (optional) | The value mark of | .00 . |
| | | |
| Provide a description of the gift or bequest and purpose thereof: | | |
| 56 books to the inmate library | | |
| , | | |
| | | |
| Criteria to use this form: | | |
| Receipt of any gift or bequest that is received by any department of the stat | te or received by the Governor on behalf of the state. | |
| | | |
| | | |
| itement of Affirmation: | | |
| | | |
| essment of the fair market value (if applicable) to correct and true to the | s accurate. I further affirm that the information concerning | g the donor and |
| essment of the fair market value (if applicable) is correct and true to the bes | st of my knowledge. | |
| 21 | | |
| 1 >> | | |
| Janes Bother | 2-9.17 | |
| Signature | 2 / / 2 | |

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FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

| For office use Indexed | |
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| Checked | |
| Computer | |

| Anamosa State Penitentia | ry | 72 | |
|--|--|--|--|
| Name of Department or Office 406 N High St. PO Box 10 | | mosa, lowa 52205 | |
| Mailing Address | · | Anamosa, Iowa 52205 City, State, Zip Code | |
| 319-462-3504 Area Code & Telephone No. | | ωω | |
| | IPIENT DEPARTMENT OR OFFICE | | |
| Sheryl Perrin | NICKY DEL ARTHURY OR OF FIGE | | |
| Name | | | |
| Mailing Address (if different from a | bove) | City, State, Zip (if different from above) | |
| sheryl.perrin@iowa.gov | | Gry, Grate, 2th (it different from 2000e) | |
| Email Address | | Area Code & Telephone Number (if different from above) | |
| Camp Courageous of Iowa | | | |
| Managaran and Ma | | | |
| 12007 - 190th St. | Monticello, Iowa 52310 | 705/40 | |
| Mailing Address | City, State, Zip Code | 7/25/12 \$15,723.00 | |
| Area Code & Telephone Number | | Date of Gift or Bequest Amount/Value* | |
| sacratust (as a) tr. posteri k anturmatura ottoralmatika — en to | | *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". | |
| mail Address (optional) | | receiving department of titice. If no value mark 0.00. | |
| Describe a description of the state of | | | |
| Provide a description of the gift or | | | |
| juice, l butter, yogurt, bisc | cuits, cheese, potatoes, coffee | creamer, cookies, eggs. | |
| | | | |
| Criteria to use this form: | | | |
| Receipt of any gift or bequest that | is received by any department of the sta- | te or received by the Governor on behalf of the state. | |
| | | the state. | |
| | | | |
| itement of Affirmation: | | | |
| Jerry Burt affirm | N . 1 11 | | |
| O TO A TO A TIME | that the gift or bequest reported above is f applicable) is correct and true to the best | s accurate. I further affirm that the information concerning the donor and | |

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FORM-GB

Checked

Computer

| ossipt of the gat of beddest. | |
|--|--|
| DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU | JEST: |
| Anamosa State Penitentiary | |
| Name of Department or Office 406 N High St. PO Box 10 | Anamora Jones 52205 |
| Mailing Address | City State 7 in Code |
| 319-462-3504 Area Code & Telephone No. | City, Glate, Zip Code |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | FICE: |
| Sheryl Perrin | *** |
| Name | <u> </u> |
| Malling Address (if different from above) | City, State, Zip (if different from above) |
| Email Address | Area Code & Telephone Number (if different from above) |
| ONOR OF GIFT OR BEQUEST: | |
| Consulate of Mexico | |
| Name | _ |
| 7444 Frnam St. Omaha, NE 68114 | |
| Mailing Address City, State, Zip Code | 7/27/12 \$100.00 |
| 402-595-1841 | Date of Gift or Bequest Amount/Value* |
| Area Code & Telephone Number | |
| | *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| Emall Address (optional) | |
| Provide a description of the gift or bequest and purpose thereof: | |
| 100 Elementary School Workbooks in Spanish | |
| 100 Elementary Benoof Workbooks in Spanish | |
| Criteria to use this form: | |
| Pagaint of any gift or bequest that is received to a second to the secon | |
| Receipt of any gift or bequest that is received by any department of the | a state or received by the Governor on behalf of the state. |
| | |
| tement of Affirmation: | |
| TP | ove is accurate. I further affirm that the information concerning the donor and le best of my knowledge. |
| <i>y</i> | |
| Mas B. R. | 8-9-1Z |
| Signature | 0112 |